



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### MEDICATION ADMINISTRATION & SAFE HANDLING, PRINCIPLES OF

**Effective Date:** December 18, 2002

**Policy #:** NS-02

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**I. PURPOSE:** To ensure the safe, appropriate, and accurate administration and handling of medications.

**II. POLICY:** Medications are administered to patients by qualified personnel in compliance with federal and state laws and standards of professional practice. Qualified personnel are defined as physicians, registered nurses, and licensed practical nurses. Medications are stored, handled and accounted for in a safe manner complying with federal/state laws and standards of professional practice.

**III. DEFINITIONS:**

- A. MAR: Medication Administration Record
- B. CSAR: Controlled Substance Administration Record
- C. Licensed Prescriber: Physician or advanced practice nurse with prescriptive authority.

**IV. RESPONSIBILITIES:**

- A. Licensed prescribers prescribe all medications.
- B. Licensed Nurses will:
  - Accept verbal and telephone orders from MSH credentialed licensed prescribers.
  - Prepare, administer, and document medication administration.
  - Ensure safe handling, storage, and security of medications.
  - Provide medication education to patients and to document such education.
  - Report medication errors and adverse drug reactions.

**V. PROCEDURE:**

A. GENERAL KNOWLEDGE

1. All medications require an order which is written on the physicians order form and must be dated, timed, and signed by the licensed prescriber.

- a. Orders will only be accepted or written by licensed prescribers, registered nurses, licensed practical nurses and pharmacists.
- b. Registered nurses and licensed practical nurses may accept verbal or telephone orders from a licensed prescriber credentialed at Montana State Hospital (MSH). The licensed nurse will:
  - 1) Repeat the complete order back to the prescriber for verification.
  - 2) Communicate numbers by pronouncing each numerical digit separately (e.g. “one five” instead of “fifteen”) to avoid making an interpretation error.
  - 3) Verify that drug names are spelled correctly.
  - 4) Confirm the indication with the prescriber to verify that the medication is consistent with the patient’s plan of care, allergies and other prescribed medications.
  - 5) Immediately record the order directly onto an order form in the patient’s medical record.
  - 6) Date, time and sign the order as follows:

P.O. Dr. White/M. Black, L.P.N.

V.O. Dr. White/J. Smith, R.N.

- c. Routine Medication Orders are available and when initiated must be copied onto a physicians order form by the licensed nurse. The order is dated, timed, and signed as follows:

C.O. Dr. White/J. Smith, L.P.N.

- d. All orders are valid for the specified number of days/doses. Orders that do not specify the number of days/doses are valid for 30 days or until monthly medication orders are signed.
2. All new orders are faxed to the pharmacy and are verified every 24 hours by night shift licensed nurses to ensure accurate transcription to medication administration records (MAR).
  3. Every patient is questioned about drug allergies and specific symptoms during the admission process. Allergies are noted on the MAR, physician’s order form, and on the medical record cover.
  4. Licensed nurses are legally responsible for knowing basic information about the medications they administer; i.e. actions/expected effect, interactions, dose limitations, and side effects. Medication reference books and MSH Medication Manuals are available in every Medication Room.

5. If a licensed nurse has any questions/concerns about an order, he/she contacts the licensed prescriber for clarification prior to administration.
6. Incompatible medications are not mixed. Incompatibility is determined by referencing the incompatibility drug listing in the Medication Manual or the Physician's Desk Reference or by contacting the pharmacist.
7. Medications are administered according to the following schedule, unless specified differently in the order:

<b>Daily</b> (qd)	0800	<b>q 4h</b>	0400,0800,1200,1600,2000,2400
<b>BID</b>	0800 & 2000	<b>q 6h</b>	0200, 0800, 1400, 2000
<b>TID</b>	0800, 1200, 2000	<b>q 12h</b>	0800 & 2000
<b>QID</b>	0800, 1200, 1600, 2000	<b>HS</b>	2200
<b>AC</b>	½ hour before meals	<b>PC</b>	½ hour after meals

8. Medications are obtained from the pharmacy during normal working hours (0730 – 1800, Mon. – Fri.), from a pharmacy night locker located on C Wing and Spratt when pharmacy is closed, or in emergency situations, and if not available by the aforementioned methods, by contacting the on-call pharmacist. The licensed nurse is responsible for contacting the Nurse Supervisor prior to initiating a pharmacist call-out.
9. EMERGENCY MEDICATIONS and supplies are kept in a locked box in every Medication Room. Emergency kit contents are identified on the outside of each box. Licensed nurses are responsible for knowledge of kit contents and for documenting the security of each box at every shift change. In the event that the Emergency Kit is opened, it is to be secured with the spare lock kept inside the box until the box can be returned to the pharmacy.
10. MEDICATION EDUCATION is an important aspect of a licensed nurse's responsibilities and is provided to patients and family/significant others via formal and informal training methods. All medication education is documented in the patient's medical record.

**B. PREPARATION, ADMINISTRATION, & DOCUMENTATION**

1. **PREPARATION:** All medications are stored in the designated medication room. Prepare medications in medication room. Limit interruptions.
  - a. Check for allergies
  - b. Wash hands prior to preparing medications
  - c. Prepare medications in a clean, uncluttered, well-lit area

- d. Check labels for accuracy and expiration dates
- e. Read label and compare with MAR three times during preparation: before, during, and after setting up medications. If discrepancies exist, again verify with physicians order.
- f. Medications are prepared not more than one hour prior to the scheduled administration time.
- g. Implement the “Five Rights” of medication administration. Assess for:
  - 1) right patient
  - 2) right medication
  - 3) right dose
  - 4) right route
  - 5) right time and frequency
- h. Assess and document vital signs and blood sugar values as ordered or indicated prior to the administration of medication.
  - 1) Blood pressure will be monitored for patients receiving antipsychotic, antianxiety, and antidepressant medications.
    - a) When one of these medications is initially ordered or an increase in dosage is ordered obtain the blood pressure prior to each dose of medication for three days, then once every week. Record BP on MAR.
    - b) If the blood pressure is below 90/60, notify the licensed prescriber before administering the medication.
    - c) If the blood pressure has not stabilized within three days, consult with the licensed prescriber.
  - 2) Pulse will be monitored for patients receiving atypical antipsychotic medications.
    - a) When an atypical antipsychotic is initially prescribed and/or an increase in dosage is prescribed, obtain a pulse prior to the administration of each dose of medication for three days, then once every week. Record pulse on MAR.
    - b) If significant change in pulse, notify the licensed prescriber before administering the medication.

- c) If pulse has not stabilized within three days, consult licensed prescriber.
- 3) Blood pressure will be obtained and recorded on the MAR prior to each dose of antihypertensive medication for three days, then every AM for one week and weekly thereafter, unless otherwise ordered by the licensed prescriber. Notify the licensed prescriber before administering the medication in the event that the BP is below 90/60 or if there is any significant change in blood pressure.
- 4) When preparing the following medications, **two** licensed nurses must check the prepared dosage prior to administration:
  - a) Insulin
  - b) Long acting antipsychotics such as, Prolixin Decanoate (fluphenazine decanoate) and Haldol Decanoate (haloperidol decanoate)
  - c) Heparin
- 5) All potassium chloride for intravenous administration will be pre-mixed by the pharmacy.

2. ADMINISTRATION

- a. Medications are only administered by the licensed nurse who has prepared them. Medications may be self-administered by the patient under licensed nurse or non-licensed personnel supervision only when specifically ordered by a licensed prescriber.
- b. Medications are administered within one-half hour of the prescribed time.
- c. Accurately identify the patient using picture identification and, when necessary, staff who have accurate knowledge of the patient's identity.
- d. Provide for privacy when indicated.
- e. Wear personal protective equipment when there is potential exposure to blood and body fluids.
- f. Observe the patient to ensure that the patient swallows the medication following oral administration.

- g. Patients have the right to refuse medications. Medications can only be administered involuntarily when there is legal documentation authorizing the use of involuntary medications.
- h. In the event that a patient is uncooperative, staff assistance may be necessary to ensure patient and staff safety during medication administration.
- i. In the event that oral medications require crushing or mixing with food to aid in administration, reference “Medications to be Crushed” located in Medication Manual.
- j. Follow hospital nursing procedure specific to the administration of medications per ordered route.

3. DOCUMENTATION

- a. Document on MAR immediately after the administration of each patient’s medication in accordance with Guidelines for Physician’s Orders/MAR Forms.
- b. Document refusals, PRN’s and response, stat medications, medications administered at times other than prescribed, Home Visits, etc. in accordance with Guidelines for Physician’s Orders/MAR Forms.
- c. Document any pertinent change in a patient’s mental or physical status as it relates to medication administration in the patient’s medical record. An RN will document the patient’s response to medications no less than weekly for 90 days following admission and monthly thereafter.

C. SAFE HANDLING & SECURITY OF MEDICATION

1. STERILE, MULTIPLE DOSE VIALS

- a. All sterile multiple dose vials assigned to a specific patient will be dated upon opening and will be kept no longer than 120 days prior to returning to the pharmacy for disposal.
- b. All sterile multiple dose medication vials intended for use by more than one patient are dated upon opening and will be kept no longer than thirty (30) days prior to returning to the pharmacy.

2. CONTROLLED MEDICATIONS

- a. All pharmaceuticals dispensed using a Controlled Substance Administration Record (CSAR) are kept in a locked area of the medication cart/room and are counted at each shift change by the on-coming licensed nurse and the off-going licensed nurse (together) to ensure that actual physical inventory corresponds with the number of doses on the CSAR. The on-coming licensed nurse counts and inspects the drugs while the off-going licensed nurse reviews the sign-out log and identifies the quantity of drug that should be available.
- b. When count is correct both licensed nurses date and sign the Controlled Substances Check List.
- c. Any discrepancies will be noted and reported immediately to the Nursing Supervisor and also reported to the pharmacy as soon as possible. A medication error report is completed. The medication and CSAR are returned to the pharmacy for the purpose of reconciliation. The nurse supervisor will review the situation to determine the cause of the discrepancy and take appropriate action.
- d. The Controlled Substances Checklist is maintained in the Medication Room for no less than six (6) months and then by the nurse manager for two (2) years.

3. TRANSPORTATION OF MEDICATIONS

- a. Non-narcotic medications are typically transported to and from the pharmacy and between treatment programs by a licensed nurse, however if necessary, transportation may be assigned to another nursing department staff member or pharmacy personnel.
- b. All non-narcotic medications are secured in a locked container when being transported by a non-licensed staff member. The non-licensed staff member will deliver the container to the licensed nurse/pharmacy personnel who will insure that the security of the container has been maintained.
- c. Only a licensed nurse or pharmacy personnel may receive and transport narcotics. The licensed nurse must document receipt and/or return of such medications by signing and dating and verifying the number of doses on the Controlled Substance Record.

4. MEDICATIONS FOR HOME VISITS, OFF-CAMPUS TRIPS AND DISCHARGE
  - a. All medications provided to patients for home visits, off-campus trips or discharge are packaged, labeled and dispensed only by the pharmacy.
  - b. The licensed prescriber writes an order specifying the medication, dosage and frequency and indicates whether the patient may self-administer medications. The order is faxed, or otherwise delivered, to the pharmacy.
  - c. Upon receipt from the pharmacy, the licensed nurse checks the dispensed medications with the physician's order.
  - d. The licensed nurse gives these medications to the patient or responsible person upon leaving the unit. The licensed nurse provides medication information/instructions to the patient and/or responsible person and documents the type and amount of medications provided along with specific instructions and assessed level of understanding in the patient's medical record. The licensed nurse reviews, with the patient, the medication information on the Discharge Instruction form prior to discharge.
  - e. When a patient is unable to self-administer medications during an off-campus trip, a licensed nurse must be available to administer the medications.
  - f. When a patient is to go off campus for a short period of time during which there are scheduled medications and medications have not been dispensed for off campus use, notify the physician to clarify when and/or if medications should be administered.
5. PATIENT'S PERSONAL MEDICATION
  - a. Upon admission to MSH all medications brought by the patient to the hospital are sent to the pharmacy. The pharmacy will document the type, dosage and amount of medication. This documentation will be entered in the patient's medical record under the Medication section. The actual medications will be stored at the pharmacy.
  - b. Prior to discharge the physician will review the list of medications brought to the hospital by the patient and indicate which, if any, of these medications may be sent home with the patient. The physician returns the medication list to the pharmacy following review and signature.



- c. A patient's personal medication can only be used in the extreme cases when the medication is not available from the pharmacy or the night locker.
  - 1) The admitting physician must issue an order for the medication on a physician order form stating that the patient's own medication can be used until available from the pharmacy.
  - 2) If the admitting RN/LPN cannot identify the medication, he/she should contact the pharmacist on-call for consultation.
  - 3) If the RN/LPN and on-call pharmacist agree that the medication is that which is prescribed, the medication can be released to the individual's unit medication cart for administration.
  - 4) The medication will immediately be sent to the pharmacy when it re-opens.

6. DISPOSAL OF MEDICATIONS

- a. Non-narcotic medications which are dropped or contaminated (i.e. concentrates which are poured and refused, injections prepared for administration) will be destroyed in the sink of the Medication Room. **Notify pharmacy of the type and amount of medication disposed of via voucher form.**
- b. The Nurse Supervisor must be notified prior to destroying controlled medications.
- c. Controlled medications (Schedule III and IV), which are dropped or contaminated, must be returned to the pharmacy or destroyed as above in the presence of **two licensed nurses**.
- d. Controlled medications (Schedule I and II) that are dropped or contaminated must be returned to the pharmacy or destroyed as above in presence of a **nurse supervisor** and another **licensed nurse**.
- e. When controlled medications are destroyed on the unit, complete record of waste or disposal section of the disposition record. Both witnesses must sign the record.

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7. All medication errors require the completion of a Medication Error Report and proper notification in accordance with established hospital guidelines.
8. Adverse drug reactions are reported and documented according to hospital policy.
9. Medication rooms, medication carts and night lockers are locked at all times when not attended by a licensed nurse.
10. Medication room and medication cart keys are available for use only by licensed nurses.
11. Needles, lancets and other sharps are handled and disposed of in accordance with established policy "Handling Needles and Sharps."
12. Medications and pharmaceuticals are stored in the appropriately labeled container in which they were received from the pharmacy. Transfer between containers is performed only by a pharmacist.
13. Drug containers with illegible, incomplete, makeshift, damaged, worn, soiled, or missing labels are returned to the pharmacy for proper disposition and/or re-labeling.
14. No discontinued, out-dated, or deteriorated medications or pharmaceuticals are used or dispensed. These medications/pharmaceuticals must be returned to the pharmacy for disposal.
15. Medications and pharmaceuticals for external use are kept separate from medications/pharmaceuticals intended for internal use.
16. Antiseptics, disinfectants, and germicides used in patient care will be issued in containers that have legible, distinctive labels that identify the contents and include instructions for use. These items are to be stored in an area separate from other medication storage areas.

**VI. REFERENCES:** None

**VII. COLLABORATED WITH:** Medical Staff, Pharmacy Services

**VIII. RESCISSIONS:** Policy # NS-02, *Medication Administration and Safe Handling, Principles of* dated March 15, 2002; Policy # NS-02 *Medication Administration & Safe Handling, Principles of* dated February 14, 2000

**IX. DISTRIBUTION:** All hospital policy manuals

**X. REVIEW AND REISSUE DATE:** December 2005

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**XII. ATTACHMENTS:** None